

# CLINICIAN

**1** REQUIRED

# L5 Supporter LP

Account ..... Location .....

PO Number .....

Clinician .....

Clinician Email .....

Date: ..... / ..... / .....  
MM DD YYYY

Rush order due date:  
..... / ..... / .....  
MM DD YYYY



Call us: 1-877-767-3338  
Fax: 1-866-919-9268  
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hello@kevinorthopedic.com

Contact me to review Order Form

# PATIENT

**2** REQUIRED

Patient's Email .....

First Name .....

Last Name .....

DOB ..... / ..... / ..... Sex:  M  F Weight ..... Height ..... Shoe Size .....


Ship to Patient


Street Address .....


City ..... State ..... Zip .....


# FOOT IMPRESSION METHOD


**3** REQUIRED


Plaster Slipper Cast 

Foam Impression 

STS Slipper Socks 


3D Foot Scanner 


Pedobarography 


Existing Positive Model 

Store model for 3 months  Digitize model  Return model

Redimold:

Normal 

Planus 

Cavus 

# OPTIMIZATION

Bilateral (Asymmetrical)


Mirror Right


Mirror Left


Right Only

Left Only

Fit Orthosis to submitted:

Tracing 

Insoles 

Shoes 

## Recommended For:

- Low volume shoes with removable insoles
- Overpronation pathologies
- Rotational control

## Clinical Indications:

- Overpronation
- Endomorph body type
- Lower extremity pathology
- Poor posture



## Standard specifications



Frame Material: Rigid Polypropylene per Weight

Frame Filler: 45 Shore A EVA

Rearfoot Post: Intrinsic

Heel Cup: 6mm

Bottom Cover: None

Balance Forefoot To Rearfoot




Custom Congruent To Foot Model

Top Cover: .75mm Protex

Extension: None

# MATERIALS

**A** OPTIONAL

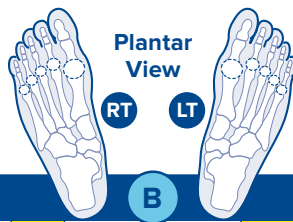
TOP COVER	Length of Cover:			FRAME	Flexible	Semi Flexible	Semi Rigid	Rigid	Very Rigid	Most Rigid
	 To Mets	 To Sulcus	 To Toes							
Protex <input type="checkbox"/> 2 <input type="checkbox"/> 3 (mm)	Spenco <input type="checkbox"/> 1.5 <input type="checkbox"/> 3 (mm)	Protex <input type="checkbox"/> 0.75 (mm)	PolyPro mm	N/A	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	
Glove Leather <input type="checkbox"/> 1 (mm)	Suede <input type="checkbox"/> 0.6 (mm)	Plastazote <input type="checkbox"/> 3 (mm)	Subo mm	N/A	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	N/A	
<input type="checkbox"/> Glue only heel of top cover for placing forefoot pads in clinic				Carbon mm	N/A	1.5 <input type="checkbox"/>	2 <input type="checkbox"/>	2.5 <input type="checkbox"/>	3 <input type="checkbox"/>	3 TL <input type="checkbox"/>
BOTTOM COVER	Suede <input type="checkbox"/> 0.6 (mm)	Suede Bottom Wrap <input type="checkbox"/> 0.6 (mm)	TPE mm	3 <input type="checkbox"/>	4 <input type="checkbox"/>	N/A	N/A	N/A	N/A	
	Protex <input type="checkbox"/> 0.75 (mm)	Myolite <input type="checkbox"/> 1.5 <input type="checkbox"/> 3 (mm)	EVA Shore A	15 <input type="checkbox"/>	30 <input type="checkbox"/>	45 <input type="checkbox"/>	65 <input type="checkbox"/>	N/A	N/A	

Special Instructions/Special Device: .....

**PATIENT**

First Name .....

Last Name .....



**L5 Supporter LP**

Date: ..... / ..... / .....  
MM DD YYYY



**PRONATION CORRECTIONS - RIGHT**

**LEFT - PRONATION CORRECTIONS**

	<b>Varus Forefoot Posts</b>	Balance FF to RF <input type="checkbox"/> 8° <input type="checkbox"/> 6° <input type="checkbox"/> 4° <input type="checkbox"/> 2° <input checked="" type="checkbox"/> 90°			<input checked="" type="checkbox"/> 90° <input type="checkbox"/> 2° <input type="checkbox"/> 4° <input type="checkbox"/> 6° <input type="checkbox"/> 8°	Balance FF to RF	<b>Varus Forefoot Posts</b>	
		VR Extrinsic (Bar)  6° <input type="checkbox"/> 4° <input type="checkbox"/> 2° <input type="checkbox"/> 0°			<input type="checkbox"/> 0° <input type="checkbox"/> 2° <input type="checkbox"/> 4° <input type="checkbox"/> 6°	VR Extrinsic (Bar)		
		VR Met Wedge  6° <input type="checkbox"/> 4° <input type="checkbox"/> 2° <input type="checkbox"/> 0°			<input type="checkbox"/> 2° <input type="checkbox"/> 4° <input type="checkbox"/> 6°	VR Met Wedge		
<b>Midfoot</b>	Raise Med Arch	6 <input type="checkbox"/> 4.5 <input type="checkbox"/> 3 <input type="checkbox"/> 1.5 <input type="checkbox"/> (mm)			(mm) 1.5 <input type="checkbox"/> 3 <input type="checkbox"/> 4.5 <input type="checkbox"/> 6 <input type="checkbox"/>	Raise Med Arch	<b>Midfoot</b>	
	Scaphoid Pad	6 <input type="checkbox"/> 4.5 <input type="checkbox"/> 3 <input type="checkbox"/> 1.5 <input type="checkbox"/> (mm)			(mm) 1.5 <input type="checkbox"/> 3 <input type="checkbox"/> 4.5 <input type="checkbox"/> 6 <input type="checkbox"/>	Scaphoid Pad		
	VR Cuboid Pad	6 <input type="checkbox"/> 4.5 <input type="checkbox"/> 3 <input type="checkbox"/> 1.5 <input type="checkbox"/> (mm)			(mm) 1.5 <input type="checkbox"/> 3 <input type="checkbox"/> 4.5 <input type="checkbox"/> 6 <input type="checkbox"/>	VR Cuboid Pad		
	Medial Flange	High <input type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/>			Low <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/>	Medial Flange		
<b>Varus Rearfoot Posts</b>	VR Intrinsic	6° <input type="checkbox"/> 4° <input type="checkbox"/> 2° <input type="checkbox"/> 0° <input checked="" type="checkbox"/> 0°			<input checked="" type="checkbox"/> 0° <input type="checkbox"/> 2° <input type="checkbox"/> 4° <input type="checkbox"/> 6°	VR Intrinsic	<b>Varus Rearfoot Posts</b>	
	VR Extrinsic	6° <input type="checkbox"/> 4° <input type="checkbox"/> 2° <input type="checkbox"/> 0° <input type="checkbox"/>			<input type="checkbox"/> 0° <input type="checkbox"/> 2° <input type="checkbox"/> 4° <input type="checkbox"/> 6°	VR Extrinsic		
	Heel Skive	6 <input type="checkbox"/> 4 <input type="checkbox"/> 2 <input type="checkbox"/> (mm)			(mm) 2 <input type="checkbox"/> 4 <input type="checkbox"/> 6 <input type="checkbox"/>	Heel Skive		

**SUPINATION CORRECTIONS - RIGHT**

**LEFT - SUPINATION CORRECTIONS**

	<b>Valgus Forefoot Posts</b>	Balance FF to RF <input type="checkbox"/> 8° <input type="checkbox"/> 6° <input type="checkbox"/> 4° <input type="checkbox"/> 2° <input type="checkbox"/> 90°			<input type="checkbox"/> 90° <input type="checkbox"/> 2° <input type="checkbox"/> 4° <input type="checkbox"/> 6° <input type="checkbox"/> 8°	Balance FF to RF	<b>Valgus Forefoot Posts</b>	
		VG Extrinsic (Bar)  6° <input type="checkbox"/> 4° <input type="checkbox"/> 2° <input type="checkbox"/> 0°			<input type="checkbox"/> 0° <input type="checkbox"/> 2° <input type="checkbox"/> 4° <input type="checkbox"/> 6°	VG Extrinsic (Bar)		
		VG Met Wedge  6° <input type="checkbox"/> 4° <input type="checkbox"/> 2° <input type="checkbox"/> 0°			<input type="checkbox"/> 2° <input type="checkbox"/> 4° <input type="checkbox"/> 6°	VG Met Wedge		
<b>Midfoot</b>	Lower Med Arch	6 <input type="checkbox"/> 4.5 <input type="checkbox"/> 3 <input type="checkbox"/> 1.5 <input checked="" type="checkbox"/> (mm)			(mm) 1.5 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4.5 <input type="checkbox"/> 6 <input type="checkbox"/>	Lower Med Arch	<b>Midfoot</b>	
	Lateral Flange	High <input type="checkbox"/> Medium <input type="checkbox"/> Low <input type="checkbox"/>			Low <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/>	Lateral Flange		
	VG Frame Filler	6° <input type="checkbox"/> 4° <input type="checkbox"/> 2° <input type="checkbox"/> 0° <input type="checkbox"/>			<input type="checkbox"/> 0° <input type="checkbox"/> 2° <input type="checkbox"/> 4° <input type="checkbox"/> 6°	VG Frame Filler		
	VG Cuboid Pad	6 <input type="checkbox"/> 4.5 <input type="checkbox"/> 3 <input type="checkbox"/> 1.5 <input type="checkbox"/> (mm)			(mm) 1.5 <input type="checkbox"/> 3 <input type="checkbox"/> 4.5 <input type="checkbox"/> 6 <input type="checkbox"/>	VG Cuboid Pad		
<b>Valgus Rearfoot Posts</b>	VG Intrinsic	6° <input type="checkbox"/> 4° <input type="checkbox"/> 2° <input type="checkbox"/> 0° <input type="checkbox"/>			<input type="checkbox"/> 0° <input type="checkbox"/> 2° <input type="checkbox"/> 4° <input type="checkbox"/> 6°	VG Intrinsic	<b>Valgus Rearfoot Posts</b>	
	VG Extrinsic	6° <input type="checkbox"/> 4° <input type="checkbox"/> 2° <input type="checkbox"/> 0° <input type="checkbox"/>			<input type="checkbox"/> 0° <input type="checkbox"/> 2° <input type="checkbox"/> 4° <input type="checkbox"/> 6°	VG Extrinsic		

**EXTENSIONS - RIGHT**

**LEFT - EXTENSIONS**

	<b>Toe Length</b>	Toe Extension	<b>Myolite</b> 4.5 <input type="checkbox"/> 3 <input type="checkbox"/> 1.5 <input type="checkbox"/> (mm)			(mm) 1.5 <input type="checkbox"/> 3 <input type="checkbox"/> 4.5 <input type="checkbox"/> <b>Myolite</b>	Toe Extension	<b>Toe Length</b>
		Morton's Ext.	U.skiv <input type="checkbox"/> 4.5 <input type="checkbox"/> 3 <input type="checkbox"/> 1.5 <input type="checkbox"/> (mm)			(mm) 1.5 <input type="checkbox"/> 3 <input type="checkbox"/> 4.5 <input type="checkbox"/> U.skiv <input type="checkbox"/>	Morton's Ext.	
		Rev. Morton's	Skived <input type="checkbox"/> 4.5 <input type="checkbox"/> 3 <input type="checkbox"/> 1.5 <input type="checkbox"/> (mm)			(mm) 1.5 <input type="checkbox"/> 3 <input type="checkbox"/> 4.5 <input type="checkbox"/> Skived <input type="checkbox"/>	Rev. Morton's	
		Dynamic Wedge	3 <input type="checkbox"/> 1.5 <input type="checkbox"/> (mm)			(mm) 1.5 <input type="checkbox"/> 3 <input type="checkbox"/>	Dynamic Wedge	
	<b>Sulcus Length</b>	Sulcus Extension	<b>Myolite</b> 4.5 <input type="checkbox"/> 3 <input type="checkbox"/> 1.5 <input type="checkbox"/> (mm)			(mm) 1.5 <input type="checkbox"/> 3 <input type="checkbox"/> 4.5 <input type="checkbox"/> <b>Myolite</b>	Sulcus Extension	<b>Sulcus Length</b>
		Morton's Ext.	U.skiv <input type="checkbox"/> 4.5 <input type="checkbox"/> 3 <input type="checkbox"/> 1.5 <input type="checkbox"/> (mm)			(mm) 1.5 <input type="checkbox"/> 3 <input type="checkbox"/> 4.5 <input type="checkbox"/> U.skiv <input type="checkbox"/>	Morton's Ext.	
		Rev. Morton's	Skived <input type="checkbox"/> 4.5 <input type="checkbox"/> 3 <input type="checkbox"/> 1.5 <input type="checkbox"/> (mm)			(mm) 1.5 <input type="checkbox"/> 3 <input type="checkbox"/> 4.5 <input type="checkbox"/> Skived <input type="checkbox"/>	Rev. Morton's	
		Foot Cookie Ext.	<b>Myolite</b> 4.5 <input type="checkbox"/> 3 <input type="checkbox"/> 1.5 <input type="checkbox"/> (mm)			(mm) 1.5 <input type="checkbox"/> 3 <input type="checkbox"/> 4.5 <input type="checkbox"/> <b>Myolite</b>	Foot Cookie Ext.	
<b>Partial Foot Toe Filler</b>	Toe Filler <input checked="" type="checkbox"/>	5 <sup>th</sup> <input type="checkbox"/> 4 <sup>th</sup> <input type="checkbox"/> 3 <sup>rd</sup> <input type="checkbox"/> 2 <sup>nd</sup> <input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/>			1 <sup>st</sup> <input type="checkbox"/> 2 <sup>nd</sup> <input type="checkbox"/> 3 <sup>rd</sup> <input type="checkbox"/> 4 <sup>th</sup> <input type="checkbox"/> 5 <sup>th</sup> <input type="checkbox"/>	Toe Filler <input checked="" type="checkbox"/>	<b>Partial Foot Toe Filler</b>	

**OFFLOADING PADS & CUSHIONS - RIGHT**

**LEFT - OFFLOADING PADS AND CUSHIONS**

	<b>Forefoot</b>	Met Balance <input checked="" type="checkbox"/>	5 <sup>th</sup> <input type="checkbox"/> 4 <sup>th</sup> <input type="checkbox"/> 3 <sup>rd</sup> <input type="checkbox"/> 2 <sup>nd</sup> <input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/>			1 <sup>st</sup> <input type="checkbox"/> 2 <sup>nd</sup> <input type="checkbox"/> 3 <sup>rd</sup> <input type="checkbox"/> 4 <sup>th</sup> <input type="checkbox"/> 5 <sup>th</sup> <input type="checkbox"/>	<input checked="" type="checkbox"/> Met Balance	<b>Forefoot</b>
		Met Punch <input checked="" type="checkbox"/>	5 <sup>th</sup> <input type="checkbox"/> 4 <sup>th</sup> <input type="checkbox"/> 3 <sup>rd</sup> <input type="checkbox"/> 2 <sup>nd</sup> <input type="checkbox"/> 1 <sup>st</sup> <input type="checkbox"/>			1 <sup>st</sup> <input type="checkbox"/> 2 <sup>nd</sup> <input type="checkbox"/> 3 <sup>rd</sup> <input type="checkbox"/> 4 <sup>th</sup> <input type="checkbox"/> 5 <sup>th</sup> <input type="checkbox"/>	<input checked="" type="checkbox"/> Met Punch	
		Met Pad 2-4	4.5 <input type="checkbox"/> 3 <input type="checkbox"/> 1.5 <input type="checkbox"/> (mm)			(mm) 1.5 <input type="checkbox"/> 3 <input type="checkbox"/> 4.5 <input type="checkbox"/>	Met Pad 2-4	
		Met Bar 1-5	4.5 <input type="checkbox"/> 3 <input type="checkbox"/> 1.5 <input type="checkbox"/> (mm)			(mm) 1.5 <input type="checkbox"/> 3 <input type="checkbox"/> 4.5 <input type="checkbox"/>	Met Bar 1-5	
		Dancer's Pad	4.5 <input type="checkbox"/> 3 <input type="checkbox"/> 1.5 <input type="checkbox"/> (mm)			(mm) 1.5 <input type="checkbox"/> 3 <input type="checkbox"/> 4.5 <input type="checkbox"/>	Dancer's Pad	
<b>Midfoot</b>	Cuboid Offload	6 <input type="checkbox"/> 4.5 <input type="checkbox"/> 3 <input type="checkbox"/> 1.5 <input type="checkbox"/> (mm)			(mm) 1.5 <input type="checkbox"/> 3 <input type="checkbox"/> 4.5 <input type="checkbox"/> 6 <input type="checkbox"/>	Cuboid Offload	<b>Midfoot</b>	
	<b>Rearfoot</b>	Heel Cushion	6 <input type="checkbox"/> 4.5 <input type="checkbox"/> 3 <input type="checkbox"/> 1.5 <input type="checkbox"/> (mm)			(mm) 1.5 <input type="checkbox"/> 3 <input type="checkbox"/> 4.5 <input type="checkbox"/> 6 <input type="checkbox"/>	Heel Cushion	<b>Rearfoot</b>
Heel Spur Pad		6 <input type="checkbox"/> 4.5 <input type="checkbox"/> 3 <input type="checkbox"/> 1.5 <input type="checkbox"/> (mm)			(mm) 1.5 <input type="checkbox"/> 3 <input type="checkbox"/> 4.5 <input type="checkbox"/> 6 <input type="checkbox"/>	Heel Spur Pad		
<b>Device Length</b>	<b>Cushion</b>	Myolite Layer	4.5 <input type="checkbox"/> 3 <input type="checkbox"/> 1.5 <input type="checkbox"/> (mm)			(mm) 1.5 <input type="checkbox"/> 3 <input type="checkbox"/> 4.5 <input type="checkbox"/>	Myolite Layer	<b>Device Length</b>
		Plastazote Layer	6 <input type="checkbox"/> 4.5 <input type="checkbox"/> 3 <input type="checkbox"/> 1.5 <input type="checkbox"/> (mm)			(mm) 1.5 <input type="checkbox"/> 3 <input type="checkbox"/> 4.5 <input type="checkbox"/> 6 <input type="checkbox"/>	Plastazote Layer	

**FRAME MODIFICATIONS - RIGHT**

**LEFT - FRAME MODIFICATIONS**

	<b>Forefoot</b>	1 <sup>st</sup> Ray Cut Out	Full <input type="checkbox"/> 65° <input type="checkbox"/> 45° <input type="checkbox"/>			45° <input type="checkbox"/> 65° <input type="checkbox"/> Full <input type="checkbox"/>	1 <sup>st</sup> Ray Cut Out	<b>Forefoot</b>
		5 <sup>th</sup> Ray Cut Out	65° <input type="checkbox"/> 45° <input type="checkbox"/>			45° <input type="checkbox"/> 65° <input type="checkbox"/>	5 <sup>th</sup> Ray Cut Out	
	<b>Midfoot</b>	Navicular B. Out	6 <input type="checkbox"/> 4.5 <input type="checkbox"/> 3 <input type="checkbox"/> 1.5 <input type="checkbox"/> (mm)			(mm) 1.5 <input type="checkbox"/> 3 <input type="checkbox"/> 4.5 <input type="checkbox"/> 6 <input type="checkbox"/>	Navicular B. Out	
5 <sup>th</sup> Button Out		6 <input type="checkbox"/> 4.5 <input type="checkbox"/> 3 <input type="checkbox"/> 1.5 <input type="checkbox"/> (mm)			(mm) 1.5 <input type="checkbox"/> 3 <input type="checkbox"/> 4.5 <input type="checkbox"/> 6 <input type="checkbox"/>	5 <sup>th</sup> Button Out		
<b>Rearfoot</b>	Heel Aperture	With Visco Plug <input type="checkbox"/> No Plug <input type="checkbox"/>			No Plug <input type="checkbox"/> With Visco Plug <input type="checkbox"/>	Heel Aperture	<b>Rearfoot</b>	
	Heel Lift	6 <input type="checkbox"/> 4.5 <input type="checkbox"/> 3 <input type="checkbox"/> 1.5 <input type="checkbox"/> (mm)			(mm) 1.5 <input type="checkbox"/> 3 <input type="checkbox"/> 4.5 <input type="checkbox"/> 6 <input type="checkbox"/>	Heel Lift		
	Heel Lift Tapered	26 <input type="checkbox"/> 22 <input type="checkbox"/> 18 <input type="checkbox"/> 14 <input type="checkbox"/> 10 <input type="checkbox"/> (mm)			(mm) 10 <input type="checkbox"/> 14 <input type="checkbox"/> 18 <input type="checkbox"/> 22 <input type="checkbox"/> 26 <input type="checkbox"/>	Heel Lift Tapered		
<b>Frame Attributes</b>	Frame Filler	Rigid <input type="checkbox"/> <b>Semirigid</b> <input checked="" type="checkbox"/> <b>Myolite</b> <input type="checkbox"/>			<b>Myolite</b> <input type="checkbox"/> <b>Semirigid</b> <input checked="" type="checkbox"/> Rigid <input type="checkbox"/>	Frame Filler	<b>Frame Attributes</b>	
	Filler Skive	Max <input type="checkbox"/> <b>Med.</b> <input checked="" type="checkbox"/> Min. <input type="checkbox"/> None <input type="checkbox"/>			None <input type="checkbox"/> Min. <input type="checkbox"/> <b>Med.</b> <input checked="" type="checkbox"/> Max <input type="checkbox"/>	Filler Skive		
	Heel Cup Depth	30 <input type="checkbox"/> 24 <input type="checkbox"/> 18 <input type="checkbox"/> 12 <input type="checkbox"/> <b>6</b> <input type="checkbox"/> (mm)			(mm) <b>6</b> <input type="checkbox"/> 12 <input type="checkbox"/> 18 <input type="checkbox"/> 24 <input type="checkbox"/> 30 <input type="checkbox"/>	Heel Cup Depth		
	Width of Frame	Wide <input type="checkbox"/> Standard <input type="checkbox"/> <b>Narrow</b> <input checked="" type="checkbox"/>			<b>Narrow</b> <input checked="" type="checkbox"/> Standard <input type="checkbox"/> Wide <input type="checkbox"/>	Width of Frame		
	Device Undercut	30° <input type="checkbox"/> 20° <input type="checkbox"/> <b>15°</b> <input checked="" type="checkbox"/> 10° <input type="checkbox"/> 0° <input type="checkbox"/>			0° <input type="checkbox"/> 10° <input type="checkbox"/> <b>15°</b> <input checked="" type="checkbox"/> 20° <input type="checkbox"/> 30° <input type="checkbox"/>	Device Undercut		
<b>Detached Carbon Foot Plate to Toes</b>		Rigid <input type="checkbox"/> Semi-rigid <input type="checkbox"/>				Semi-rigid <input type="checkbox"/> Rigid <input type="checkbox"/>	<b>Detached Carbon Foot Plate to Toes</b>	

Special Instructions/Special Device: .....